

P R O T E C T I V E F A C T O R S





Protective Factors for Health

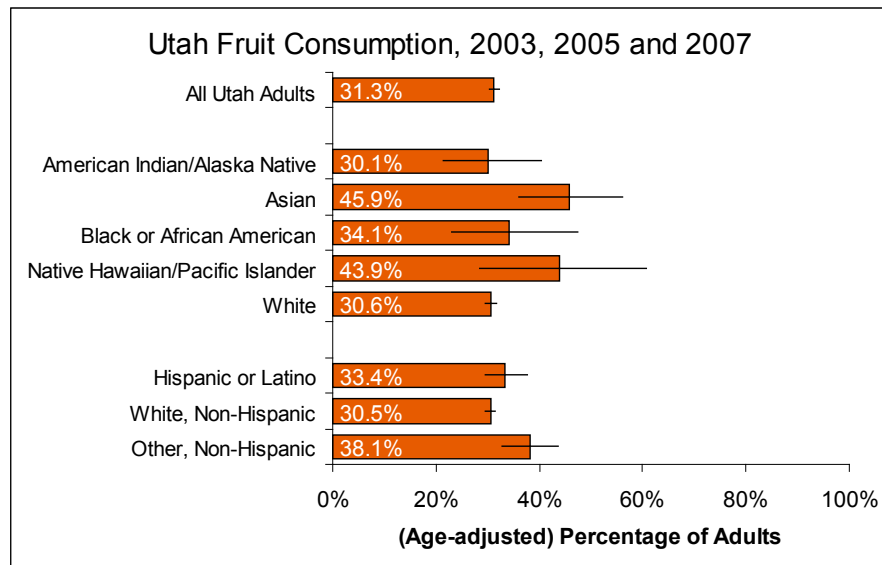
Daily Fruit Consumption

Why Is It Important?

A healthy diet is necessary for child growth and development and reduces risk for chronic diseases in people of all ages. According to the Dietary Guidelines for Americans, a healthy eating plan emphasizes fruits, vegetables, whole grains, and fat-free or low-fat milk and milk products; includes lean meats, poultry, fish, beans, eggs, and nuts; is low in saturated fats, trans fats, cholesterol, salt (sodium), and refined sugars; and stays within daily calorie needs.⁵⁰

How Are We Doing?

- Only 31.3% of Utah adults reported eating two or more servings of fruit each day in 2003, 2005, and 2007 (age-adjusted rate).
- Asian Utahns had a significantly higher rate of fruit consumption than all Utahns. Still, about half of Utah Asian adults did not eat the recommended number of fruits per day.



How Can We Improve?

Healthy eating includes a variety of foods. Focusing on all the healthy foods to eat instead of on restricted foods can make having a healthy diet feel easier. Healthy food and recipe ideas can come from asking friends; visiting new grocery stores and farmers's markets; and searching the Internet, books, and magazines. Baking or grilling is healthier than frying. Foods high in calories, fat or added sugars can be eaten occasionally in moderation and balanced with healthier foods and more physical activity.⁵⁰ In 2008, the U.S. Centers for Disease Control and Prevention began funding the UDOH, Physical Activity, Nutrition, and Obesity (PANO) program to promote fruit and vegetable consumption and other behaviors that contribute to healthy weight. The UDOH, WIC (Women, Infants and Children) Program offers nutritious foods and nutrition education for pregnant women, new mothers, and young children who meet household income guidelines. Information about these guidelines can be found at health.utah.gov/wic/apply.html.

Percentage of Utah Adults (Age 18 and Over) Who Reported Eating Two+ Fruits Daily, 2003, 2005, and 2007

Race/Ethnicity	Sample Size	Total Adult Population	# Eating 2+ Fruits	Crude Rate (95% CI Range)	Age-adjusted Rate* (95% CI Range)	Sig.**
All Utah Adults	14,145	1,781,429	543,181	30.5% (29.5%- 31.5%)	31.3% (30.3%- 32.2%)	n/a
American Indian/Alaska Native	153	23,796	7,662	32.2% (21.8%- 44.7%)	30.1% (21.5%- 40.4%)	
Asian	128	40,656	17,859	43.9% (33.6%- 54.8%)	45.9% (36.1%- 56.0%)	↑
Black or African American	69	19,213	7,693	40.0% (25.5%- 56.6%)	34.1% (23.0%- 47.4%)	
Native Hawaiian/Pacific Islander	51	12,877	5,727	44.5% (29.0%- 61.1%)	43.9% (28.3%- 60.8%)	
White	13,053	1,684,887	505,346	30.0% (29.0%- 31.1%)	30.6% (29.6%- 31.7%)	
Hispanic or Latino	900	176,650	57,560	32.6% (28.6%- 36.9%)	33.4% (29.4%- 37.6%)	
White, Non-Hispanic	12,701	1,517,124	454,343	29.9% (28.9%- 31.0%)	30.5% (29.5%- 31.6%)	
Other, Non-Hispanic	485	87,655	32,869	37.5% (31.9%- 43.5%)	38.1% (32.9%- 43.7%)	↑

Source: Behavioral Risk Factor Surveillance System. Population Estimates: UDOH Office of Public Health Assessment. Estimates are for average of 2005 and 2006 years.

*Age-adjusted to the U.S. 2000 standard population

** The age-adjusted rate for each race/ethnic population has been noted when it was significantly higher (↑) or lower (↓) than the state rate.

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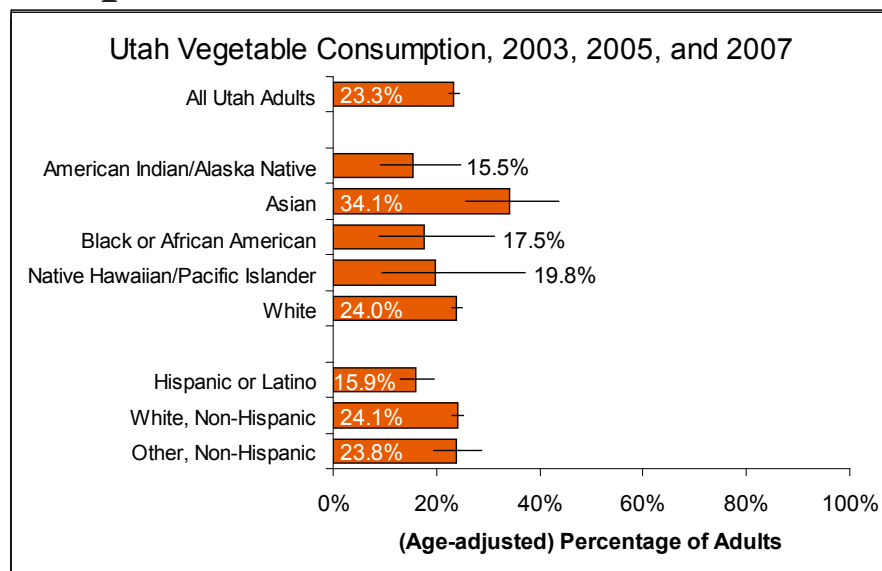
Daily Vegetable Consumption

Why Is It Important?

People whose diets are rich in plant foods such as fruit and vegetables have a lower risk of getting cancer, heart disease, and diabetes. A diet high in fruits and vegetables helps to reduce calorie intake and may help to control weight.⁵⁰

How Are We Doing?

- Only 23.3% of Utah adults reported eating three or more daily servings of vegetables in 2003, 2005, and 2007 (age-adjusted rate).
- Hispanic/Latino Utahns had a significantly lower rate of vegetable consumption than all Utahns.
- Asian Utahns had a significantly higher rate of vegetable consumption than all Utahns. Still, the majority of Utah Asian adults did not eat the recommended number of vegetables per day.



How Can We Improve?

Adults should eat 2½ to 6½ cups of fruits and vegetables daily, depending on calorie needs for a person of their size. People should consume a variety of fruits and vegetables, choosing among citrus fruits, melons, and berries; other fruits; dark green leafy vegetables; bright orange vegetables; legumes; starchy vegetables; and other vegetables.⁵⁰ In 2008, the U.S. Centers for Disease Control and Prevention began funding the UDOH, Physical Activity, Nutrition, and Obesity (PANO) program to promote fruit and vegetable consumption and other behaviors that contribute to healthy weight. The UDOH, WIC (Women, Infants and Children) Program offers nutritious foods and nutrition education for pregnant women, new mothers, and young children who meet household income guidelines. Information about these guidelines can be found at health.utah.gov/wic/apply.html.

Percentage of Utah Adults (Age 18 and Over) Who Reported Eating 3+ Vegetables Daily, 2003, 2005, and 2007

Race/Ethnicity	Sample Size	Total Adult Population	# Eating 3+ Vegetables	Crude Rate (95% CI Range)	Age-adjusted Rate* (95% CI Range)	Sig.**
All Utah Adults	14,120	1,781,429	404,148	22.7% (21.8%- 23.6%)	23.3% (22.4% - 24.3%)	n/a
American Indian/Alaska Native	153	23,796	3,773	15.9% (8.8%- 26.8%)	15.5% (9.3% - 24.8%)	↑
Asian	128	40,656	11,794	29.0% (20.7%- 39.0%)	34.1% (25.7% - 43.7%)	
Black or African American	69	19,213	3,342	17.4% (7.0%- 37.1%)	17.5% (9.1% - 31.1%)	
Native Hawaiian/Pacific Islander	50	12,877	2,854	22.2% (11.8%- 37.7%)	19.8% (9.4% - 37.2%)	
White	13,032	1,684,887	394,790	23.4% (22.4%- 24.4%)	24.0% (23.0% - 24.9%)	↓
Hispanic or Latino	898	176,650	25,025	14.2% (11.4%- 17.5%)	15.9% (12.9% - 19.5%)	
White, Non-Hispanic	12,681	1,517,124	358,235	23.6% (22.6%- 24.6%)	24.1% (23.1% - 25.1%)	
Other, Non-Hispanic	484	87,655	19,558	22.3% (17.7%- 27.7%)	23.8% (19.5% - 28.8%)	

Source: Behavioral Risk Factor Surveillance System. Population Estimates: UDOH Office of Public Health Assessment. Estimates are for average of 2005 and 2006 years.

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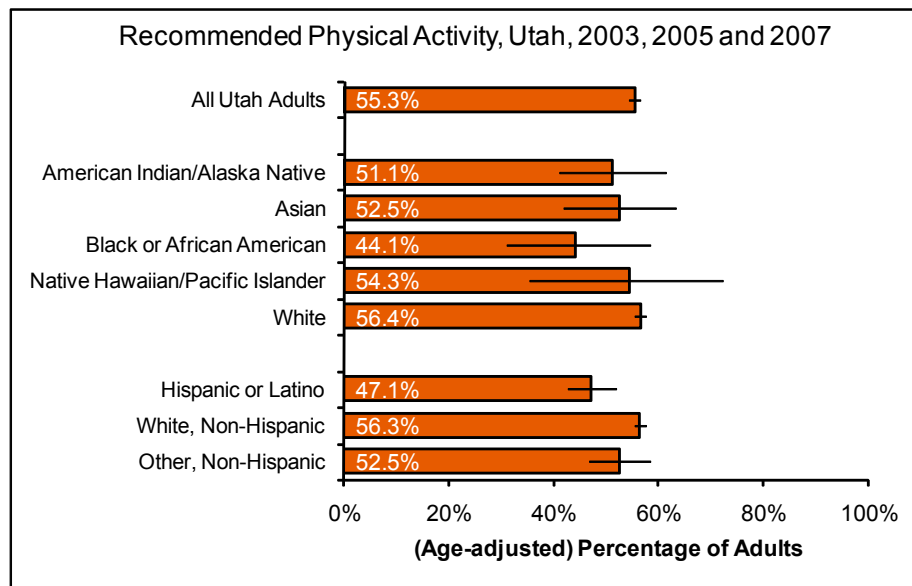


Protective Factors for Health

Recommended Physical Activity

Why Is It Important?

In addition to weight control, physical activity helps prevent heart disease, helps control cholesterol levels and diabetes, slows bone loss associated with advancing age, lowers the risk of certain cancers, and helps reduce anxiety and depression.³⁵ Only a few lifestyle choices have as large an effect on mortality as physical activity. Even low amounts of physical activity reduce the risk of premature death. The relative risk of dying prematurely continues to be lower as physical activity increases.³⁸



How Are We Doing?

- In 2003, 2005, and 2007, 55.3% of all Utah adults reported getting the recommended amount of physical activity (age-adjusted rate).
- A higher proportion of Utahns are physically active compared to Americans nationwide.⁵¹
- Hispanic/Latino Utahns had a significantly lower rate of getting the recommended amount of physical activity than all Utahns.

How Can We Improve?

The U.S. Department of Health and Human Services recommends that adults participate in light or moderate physical activity for at least 30 minutes five or more times per week or in vigorous physical activity for at least 20 minutes three or more times per week.³⁸ The UDOH, Physical Activity, Nutrition and Obesity (PANO) Program works with local health departments and other partners to improve or develop community environments where people can walk and bike safely, and hosts a website, <http://www.utahwalks.org/>, with information on places to walk and bike throughout Utah.

Percentage of Utah Adults (Age 18 and Over) Who Reported Getting the Recommended Amount of Physical Activity, 2003, 2005 and 2007

Race/Ethnicity	Sample Size	Total Adult Population	# Getting Physical Activity	Crude Rate (95% CI Range)	Age-adjusted Rate* (95% CI Range)	Sig.**
All Utah Adults	13,483	1,781,429	998,326	56.0% (54.9%- 57.2%)	55.3% (54.2% - 56.4%)	n/a
American Indian/Alaska Native	142	23,796	13,012	54.7% (43.0%- 65.9%)	51.1% (40.8% - 61.3%)	
Asian	116	40,656	20,985	51.6% (40.1%- 62.9%)	52.5% (41.6% - 63.1%)	
Black or African American	68	19,213	8,749	45.5% (31.0%- 60.9%)	44.1% (30.8% - 58.2%)	
Native Hawaiian/Pacific Islander	50	12,877	8,415	65.3% (49.4%- 78.5%)	54.3% (35.3% - 72.1%)	
White	12,490	1,684,887	961,080	57.0% (55.9%- 58.2%)	56.4% (55.3% - 57.5%)	
Hispanic or Latino	815	176,650	85,879	48.6% (43.9%- 53.4%)	47.1% (42.6% - 51.7%)	↓
White, Non-Hispanic	12,163	1,517,124	863,708	56.9% (55.7%- 58.1%)	56.3% (55.2% - 57.5%)	
Other, Non-Hispanic	455	87,655	47,635	54.3% (48.1%- 60.4%)	52.5% (46.7% - 58.2%)	

Source: Behavioral Risk Factor Surveillance System. Population Estimates: UDOH Office of Public Health Assessment. Estimates are for average of 2005 and 2006 years.

Note: Recommended physical activity is defined as light or moderate physical activity for at least 30 minutes five or more times per week or vigorous physical activity for at least 20 minutes three or more times per week.

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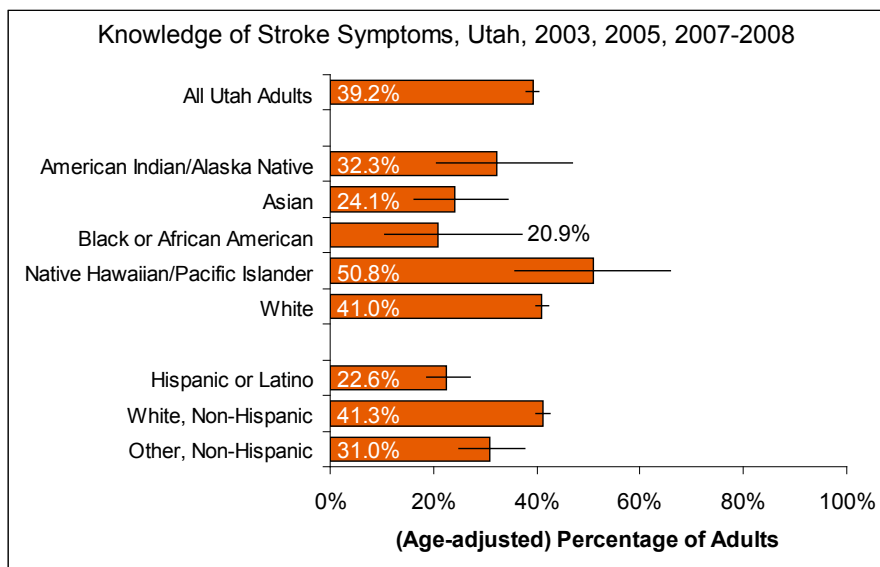
Knowledge of Stroke Symptoms

Why Is It Important?

Stroke is the third leading cause of death in the United States and Utah. Among survivors, stroke can cause significant disability including paralysis and speech and emotional problems. Knowing the symptoms of stroke, calling 911 right away, and getting to a hospital are crucial to the best outcomes after having a stroke.^{29,52}

How Are We Doing?

- In 2003, 2005 and 2007-2008, 39.2% of Utah adults knew the signs and symptoms of a stroke and would call 911 (age-adjusted rate).
- A significantly smaller proportion of Asian, Black / African American, and Hispanic/Latino Utahns reported that they knew the signs and symptoms of a stroke and would call 911 than all Utahns.
- White, Non-Hispanic Utahns had a significantly higher rate of knowledge of signs and symptoms of a stroke than all Utahns.



How Can We Improve?

Calling 911 immediately after recognizing signs of a stroke can save a life. Treatments may also help stop brain damage and disability if administered within three hours of the first sign of a stroke.²⁹ Signs include sudden numbness or weakness of the face, arm or leg, especially on one side of the body; sudden trouble seeing in one or both eyes; sudden trouble walking, dizziness, loss of balance or coordination; sudden severe headache with no known cause; and sudden confusion or trouble speaking.⁵³ The UDOH, Heart Disease and Stroke Prevention Program is working to educate the public on the signs and symptoms of stroke, using TV, radio, and print ads. In 2009, the Heart Disease and Stroke Prevention Program created a Spanish-language website about stroke, <http://tucorazon.health.utah.gov>.

Percentage of Utah Adults (Age 18 and Over) Who Know the Signs and Symptoms of Stroke and Would Call 911, 2003, 2005, 2007-2008

Race/Ethnicity	Sample Size	Total Adult Population	Number with Stroke Knowledge	Crude Rate (95% CI Range)	Age-adjusted Rate* (95% CI Range)	Sig.**
All Utah Adults	11,991	1,781,429	683,842	38.4% (37.1%- 39.7%)	39.2% (37.9% - 40.5%)	n/a
American Indian/Alaska Native	118	23,796	7,520	31.6% (19.6%- 46.6%)	32.3% (20.5% - 46.9%)	
Asian	102	40,656	9,192	22.6% (14.3%- 33.8%)	24.1% (16.1% - 34.4%)	↓
Black or African American	51	19,213	4,878	25.4% (10.6%- 49.4%)	20.9% (10.6% - 37.2%)	↓
Native Hawaiian/Pacific Islander	38	12,877	2,771	21.5% (9.5%- 41.7%)	50.8% (35.8% - 65.7%)	
White	11,108	1,684,887	682,421	40.5% (39.1%- 41.9%)	41.0% (39.7% - 42.4%)	↑
Hispanic or Latino	731	176,650	36,662	20.8% (16.9%- 25.2%)	22.6% (18.7% - 27.1%)	↓
White, Non-Hispanic	10,806	1,517,124	619,314	40.8% (39.4%- 42.2%)	41.3% (40.0% - 42.7%)	↑
Other, Non-Hispanic	389	87,655	23,267	26.5% (20.5%- 33.6%)	31.0% (25.0% - 37.6%)	↓

Source: Behavioral Risk Factor Surveillance System. Population Estimates: UDOH Office of Public Health Assessment. Estimates are for average of 2005 and 2006 years.

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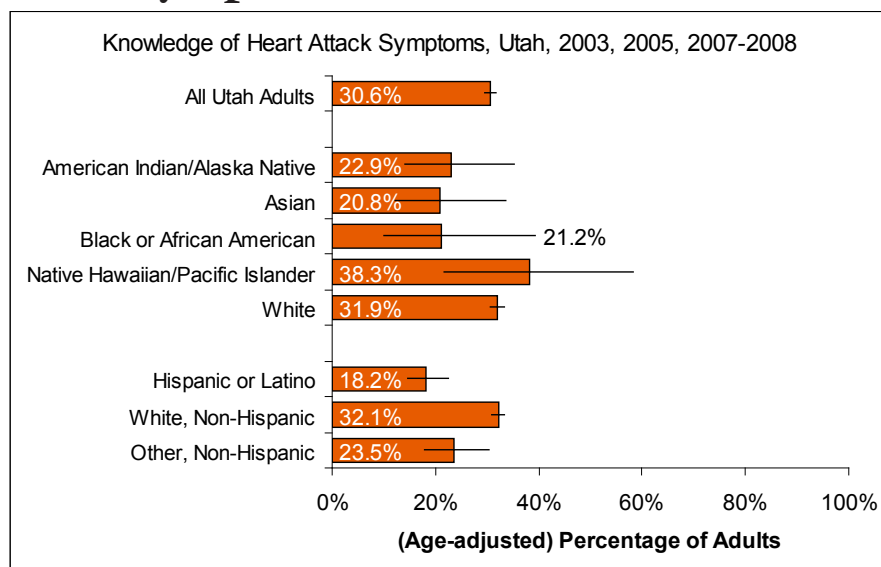
Knowledge of Heart Attack Symptoms

Why Is It Important?

Each year more than a million people in the U.S. have a heart attack. About half of them die. Many people have permanent heart damage or die because they don't get help immediately. Knowing the symptoms of a heart attack, calling 911 right away, and getting to a hospital are crucial to the best outcomes after having a heart attack.⁵⁴

How Are We Doing?

- In 2003, 2005, and 2007-2008, 30.6% of all Utah adults knew the signs and symptoms of a heart attack and would call 911 (age-adjusted rate).
- A significantly smaller proportion of Hispanic/Latino Utahns reported that they knew the signs and symptoms of a heart attack and would call 911 than all Utahns.
- White, Non-Hispanic Utahns had a significantly higher rate of knowledge of signs and symptoms of a heart attack than all Utahns.



How Can We Improve?

Calling 911 immediately after recognizing signs of a heart attack can save a life. Clot-busting drugs can stop some heart attacks in progress, reducing disability and saving lives. They work best within one hour of when heart attack signs begin. Signs include pain or discomfort in the jaw, neck or back; feeling weak, light-headed, or faint; chest pain or discomfort; pain or discomfort in the arms or shoulder; and shortness of breath.⁵⁵ The signs and symptoms of a heart attack and the need to call 911 immediately have become a recent focus of media campaigns and other efforts to educate the public by the UDOH, Heart Disease and Stroke Prevention Program.²⁹

Percentage of Utah Adults (Age 18 and Over) Who Know the Signs and Symptoms of a Heart Attack and Would Call 911, 2003, 2005, 2007-2008

Race/Ethnicity	Sample Size	Total Adult Population	Number with Heart Attack Knowledge	Crude Rate (95% CI Range)	Age-adjusted Rate* (95% CI Range)	Sig.**
All Utah Adults	12,001	1,781,429	525,188	29.5% (28.3%- 30.7%)	30.6% (29.5%- 31.8%)	n/a
American Indian/Alaska Native	118	23,796	5,797	24.4% (14.2%- 38.6%)	22.9% (14.0%- 35.2%)	
Asian	102	40,656	9,778	24.1% (11.8%- 42.9%)	20.8% (12.1%- 33.5%)	
Black or African American	51	19,213	4,075	21.2% (7.5%- 47.3%)	21.2% (10.0%- 39.4%)	
Native Hawaiian/Pacific Islander	38	12,877	2,116	16.4% (6.1%- 37.2%)	38.3% (21.6%- 58.4%)	
White	11,116	1,684,887	523,964	31.1% (29.8%- 32.4%)	31.9% (30.7%- 33.2%)	↑
Hispanic or Latino	735	176,650	25,308	14.3% (11.4%- 17.9%)	18.2% (14.6%- 22.5%)	↓
White, Non-Hispanic	10,812	1,517,124	475,690	31.4% (30.1%- 32.7%)	32.1% (30.9%- 33.4%)	↑
Other, Non-Hispanic	389	87,655	20,803	23.7% (17.1%- 31.9%)	23.5% (17.8%- 30.3%)	↓

Source: Behavioral Risk Factor Surveillance System. Population Estimates: UDOH Office of Public Health Assessment. Estimates are for average of 2005 and 2006 years.

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